Filing Date Application Number **CLAIMS ONLY** Applicant(s) * May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT CLAIMS AS FILED Indep Depend Depend Indep Indep Depend Indep Depend Indep Depend .Indep Depend 51 52 53 54 55 56 57 58 59 60 10 61 62 12 - 63 64 14 65-66 16 17 68 69 70 71 72 73 74 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 40 91 92 93 94 95 97 98 99 49. 50 100 Total Indep Total Depend Total Indep Total Depend Total Claims Tolal Claims

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